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EDITORS.

THE MORPHOLOGY OF DISEASED BLOOD.

We propose to take a glance at a remarkable paper. Its title we have given above, and it appears in the March number of the Southern Clinic, to which it is contributed by Dr. Ephraim Cutter, of Boston. If we remember rightly, Dr. Cutter gave a lecture upon this same subject on one of the evenings of the Association meeting in Buffalo. We are obliged to bolster ourselves with this remembrance, for as we read the present paper we are somewhat inclined at first to think that perhaps we had better not say any thing about it—that the writer may be a little off, you know; have his spells, etc. But off or on, there is an earnestness and honesty about the paper which makes one read in spite of himself; and if he can not believe what he sees, he can at least enjoy for a few moments the fairy-land of doctors' hopes.

Dr. Cutter is a believer in the microscope. Nay, that is a mild way of putting it; rather the microscope is a believer in Dr. Cutter, and has opened up to him a world of knowledge. So also do the microscope and Dr. Cutter together believe in another chosen instrument, Dr. J. H. Salisbury, who it appears was the prime mover in the study of the morphology of diseased blood. Dr. Cutter is in fact only the faithful and sturdy backer, standing to him in pretty much the same relation as Ruskin did to Turner. Dr. Cutter has noted his sayings. Hear what he says of Salisbury and the revelations he makes—not all, but some:

1. For six consecutive years he gave up all practice and devoted himself to original researches, working eighteen hours daily, making thousands of micrographic drawings, examining the spleen of one hundred different species of animals, where he collected the material for his remarkable paper on this subject.

2. He says, "Some do not know that I have studied for years every thing that I have brought out before I have done so." "Every point I assert I can prove." The writer testifies that Dr. Salisbury never attempted to demonstrate to him any point but that he did it.

7. June 18, 1877. This day showed me three ague plants taken from a patient in my presence.

SAYINGS.

11. Study Cooke on fungi.

13. I wonder flies do not communicate more disease.

16. Force is an agent of tremendous power.

20. Probably there are twenty species of plants that produce ague. They are found in the ague districts wherever earth is spaded up for any purpose. They develop best in sour soils. Sweeten with alkalies and you destroy the plants. There is less of ague in flushing than years ago.

21. Showed me a case of consumption nine months under treatment much improved; also one cured by him ten years ago.

It is the workers that have made this age. Let us pass to the review of the present work—the Microscopic Examination of Blood. The first nineteen pages of this octavo are occupied in pointing out "What to look for in Blood Examinations." In 1860 he began to look at blood with a view to determining positive pathological conditions. In eight years he had made 35,000 examinations. This is 4,375 annually; about fourteen per day. Certainly a small number for a man whose office was crowded for years with patients. He says: "It was my intention, before saying any thing publicly, to work quietly on, and spend much more time in labors so interesting to me, and that have aided me so much in treating disease; but a few learned gentlemen . . . have earnestly requested that they might be published for the benefit of others."

This is the stuff the man is made of; and now what is his belief and that of his fol-

lowers? That the blood is not only the life, but that its departure from health can already be noted throughout most of its ramifications, and in course of time all is to be revealed through the microscope. Typhoid fever, rheumatism, consumption, what not, and not only while they are present—the manifestations then are coarse indeed—but in the preëxisting state which leads to their development. Nor shall the work be for the expert alone, for with the microscope devised by Dr. Cutter "ten minutes of object-teaching is enough to start a physician in blood micrology." *Start* him, and then the field of his observations shall simply be confined to these points; he shall examine the blood for the following conditions:

I. Macroscopic: 1, color; 2, consistence; 3, rapidity of clotting.

II. Red corpuscles are, 1, in normal proportion; 2, in excess; 3, in diminished quantity; 4, normal consistence; 5, too soft, plastic and sticky, adhering together and being drawn out in thread-like prolongations; 6, nummulated, like rolls of coin; 7, not nummulated; 8, evenly and loosely scattered over the field; 9, slightly grouped; 10, in irregular compact masses; 11, in ridges; 12, holding firmly the coloring matter, yet soft and plastic; 13, high colored, smooth and even in outline, hard and rigid; 14, allowing the coloring matter to escape readily, obscuring their outlines; 15, mammilated.

III. The white corpuscles are, 1, in normal proportion; 2, in too small quantity; 3, in excess; 4, normal in quantity, sticky and plastic, endangering the formation of thrombi and emboli; 5, ragged, broken down; 6, normal in consistence; 7, in excess and sticky; 8, in excess, ragged and broken; 9, in excess, smooth and even; 10, containing vacuity; 11, containing vegetations that distend them to enormous size.

IV. Foreign Matters: 1, minute grains and ragged masses of black, blue, brown, or yellow pigment; 2, fat; 3, amyloid matter; 4, broken-down parent cells; 5, thrombi of fibrin, filled or not with granular or crystalline matters; 6, thrombi of alge spores; 7, thrombi of alge filaments; 8, alge filaments and spores without exaggeration; 9, fungi spores; 10, fungi filaments; 11, oxalate of lime; 12, cystine; 13, phosphates; 14, stelline; 15, stellurine; 16, granules and crystals of a miscellaneous character; 17, conchoidine; 18, pigmentine; 19, cucine; 20, creatine; 21, uric acid and urates; 22, inosite; 23, zymotosis regularis spores; 24, do. mycelial filaments; 25, entophyticus hematic spores; 26, do. mycelial filaments; 27, penicillum quadrifidum-spores and mycelial filaments; 28, do. of botrytis infestans.

V. Serum: 1, too little; 2, too much; 3, normal.

Fibrin: 4, too little; 5, too much; 6, normal; 7, fibrin meshes normal, allowing corpuscles to freely flow between them; 8, meshes too small to let the corpuscles freely to flow between them, whence the colored ones arrange in ropy rows, or masses and ridges, filaments increased in diameter and opacity; 9, serum may contain crystals of cholesterine.

Only these and nothing more; and to show how practical his researches will be, note this example:

"In all healthy blood the spores of the entophyticus hematicus and the zymotosis regularis are found in small quantity immediately after the escape of the blood from its vessels. . . . After healthy blood has stood for one to three days, 60°–75° F., the E. regularis is found in excess. The E. hematicus, also, but in less quantity."

What could be more satisfactory?

Who shall gainsay Dr. Salisbury and Dr. Cutter? Some of us may smile at the simple faith which they express in their work. They declare, for instance, that if all were workers such as they, thousands of lives could be saved annually "by detecting (as they can do) the pretubercular stage of consumption alone." Hundreds of very earnest workers will see nothing out of the way in such a statement, for it simply jumps with the fashion of the times. The germ-theorists and microscopists are having their day. What they believe can be done Dr. Cutter simply declares has been done; and if they do n't know how to do it, our advice to them would be to take their lenses on Boston at once and learn their business.

PROF. JOHN A. MURPHY, of Cincinnati, is the newly-elected president of the Ohio Medical Society, which is a pleasant fact to record.

HOW THEY FLATTER US.—The Medical Press and Circular says that all the medical journals of the United States could be well compressed into a unit.

DARKNESS which can be felt is now correlated by pulses which may be heard. That is what Dr. Richardson proposes to do with the sphygmophone, his own invention, he declares; but Hughes, Edison, and the Chinese have not yet been heard from on this point. The new instrument is a combination of the sphygmograph and telephone. "By extending the telephone-wires," says the Lancet, "the sounds can be conveyed long distances, so that a physician in his consulting-room might listen to the heart or pulse of a patient lying in bed a mile or so away." The ordinary language of the normal English pulse, says Dr. Richardson, is a repetition of the words "bother it." Probably the dicrotic variety will enunciate "No you do'nt," and that of full fever, "Let her rip," referring perhaps to the use of the lancet.

The sphygmophone is no doubt a curious instrument, but its uses are hypothetical. The trouble is, we can't believe half we hear with our natural ears.

THE Medical Press and Circular, which is published in the three kingdoms of Dublin, Cork, and Tipperary, with an agency in London, gets slightly mixed in its geography and statistics of American journals. Speaking of our excellent contemporary, the Herald, it refers its locality to the State of Louisville, which it says contains a million and a half of people, twenty-five hundred doctors, and three medical journals. It is not far wrong in the gross population of the county—not state—but twenty-five hundred doctors and three journals only! What sort of doctor-mills does the M. P. and C. think we have to furnish such a handful as that with a March- and June-grinding? Know, our dear fellow, that Louisville has three schools and a fraction in perpetual operation, save a couple of months in July and August to cool off the machinery; that the Herald was its fifth journal, not the third; and that twenty-five hundred doctors form a mere clique in this neighborhood.

ON June 12th a farewell supper was given by Sister Anthony to Dr. Roberts Bartholow, at the Good Samaritan Hospital, upon the eve of his removal to Philadelphia. Around the board were the members of the Ohio Medical College faculty, of the board of trustees, and resident physicians. Dr. Whittaker presided at the table as the lieutenant of the good sister. Speeches were made by Drs. Dawson, Whittaker, Conner, Seeley, Ransohoff, Reamy, Forscheimer, Mr. Ball, and Dr. Bartholow. The affair reads well, and we doubt not it tasted better.

THE abomination of uncut journals from abroad—which was first done away with by the Medical Press and Circular, and then by the British Medical Journal—is still adhered to by the Lancet and the Practitioner. The result is that two probably excellent publications often go unexamined, or if they are looked into it is generally after a disfigurement which ends in destroying their existence. Paper-cutters, like umbrellas, are never at hand when wanted; and besides, the world has spun around too far to stand the nonsense in which these two old fogies persist.

WE call attention to the fact that this is the last number of the seventh volume of the NEWS. These mile-stones along our path are gentle reminders—to us that we must do our best in improving the time; to our readers, who are our dear companions in the journey, that they will do their part to lessen the fatigues of the road. A word of cheer spoken does much to lessen the load, and payment of the toll greatly facilitates the way. Let us all do our part.

OUR readers will be glad with us to see that Dr. L. P. Yandell has reached London safely, is domiciled, and has commenced his promised letters. No. 1 is in this issue.

DR. TILBURY FOX, of London, is dead.

Original.

CONTRIBUTIONS FROM THE MICROSCOPICAL LABORATORY OF THE UNIVERSITY OF LOUISVILLE.

BY L. S. OPPENHEIMER, M. D.
Demonstrator of Microscopy, Histology, and Vivisections.

In sending out this initial publication of Laboratory Studies a brief prospectus is necessary. The experiments and microscopic preparations are all made by the members of the class. The present subjects were worked out by the spring class, under the supervision of the demonstrator. Most credit is due Mr. Ferguson for his faithful labors; mention also being due Messrs. Iseman and Dyer.

SYPHILIDES.

So much has been written upon Syphilides that the brevity of the following will be easily pardoned. Synopses must here serve in place of prolix descriptions.

In our examinations of the venereal ulcers we have come to the conclusion that the constitutional and non-constitutional sore may be clinically distinguished from one another by means of the microscope. This can not be done from their secretions nor their epithelium, but from sections of the skin, including the corium. A small piece of the skin is quickly clipped out with a pair of scissors (it is not very painful), and hardened for a week in a one-per-cent solution of bichrom. of potash, then microscopic sections made.

Indurated Chancre.—The induration is here due to the mass of densely-packed cells which are almost uniformly distributed from the epidermis to the subcutaneous structures, and infiltrating the deeper tissues as well. The walls of the blood-vessels are so thickened that their lumen is almost lost. In severe chancres of the prepuce the elongated papillæ resemble the filiform papillæ of the tongue. *The cells* are small, averaging about .0035 *mm.* in diameter, very granular, and are intensely colored by the *carmine* in picro-carmine staining.

Chanchroids.—There are two varieties of the soft chancre, the syphilitic and the non-syphilitic. In both the corium is the principal seat of disease. In the first form the cells are similar in appearance and reaction to the above cells, but the infiltration does not extend deeply into the rete malpighii nor into the deep solid structures. In the chancroid, however, the *cell* is larger, averaging .0050 *mm.* in diameter, is not so granular as the other, and is colored by the *picrine* in preference to the carmine; it is stained by carmine with great difficulty. These cells are arranged loosely in large meshes of spindle cells, whose spaces are filled with a serous, or lymphoid, fluid. This process seems to have been formed around the blood-vessels of the corium; these are found dilated, with thin walls, and surrounded for some distance by this loose infiltration of yellowish cells. Around the walls of the sebaceous glands the same cells are seen, but there is no infiltration into their parenchyma. The papillæ are sometimes enormously hypertrophied, and pushed apart, as will be seen by the one represented in the engraving, but the rete mucosa seems to limit the infiltration of new cells.

Papulary Syphilide.—There is a strong resemblance between the secondary eruptions and the chancroids. The papula resembles the constitutional chancroid. The cells are the same and the dense character of the infiltration is the same. The deeper portions of the rete malpighii are infiltrated, only in a more modified form. In the drawing a section of skin from a papula is shown. The peculiar characters of the two eruptions may here be compared.

Maculary Syphilide.—This eruption, although an evidence of syphilis, bears some resemblance to the local chancroid. There is but a slight infiltration of loose cells, and these are around the dilated blood-vessels of the corium; besides, these cells are very much like the yellowish cells of the local sore. The papillæ and subcutaneous issues, however, are normal, unless the case has lasted some time, when the former is found to be pigmented.

From the above it will be seen that we can not determine the local or general character of a venereal ulcer from the cell alone, but must take the general arrangement of the whole cutis into consideration, a thorough examination of which will dispel all doubts as to the diagnosis.

FATTY LIVER IN INFANTS.

The text-books on diseases of children are almost uniform in their conclusion that the liver is rarely affected as a consequence of diseases of the alimentary tract. In the post-mortems of infants dying in the second and third weeks of entero-colitis, not only has fatty degeneration of the liver been present as a rule, but also splenic enlargement

and congestion. To the unaided eye the liver looks almost normal; the microscope, however, reveals a fatty degeneration of the hepatic cells along the whole course of the portal vessels. This is not an infiltration, but a true fatty degeneration, preceded by the formation of an abnormal plasma in the hepatic cells which obscures completely the nuclei. The only exceptions are those cells immediately surrounding the intralobular veins; they, being the last to undergo pathological change, although more pigmented than the others, still give some evidence of containing a nucleus. Fig. 1 is a faithful drawing of a lobule magnified 100 diameters.

That fatty liver is of common occurrence is plainly shown in the statistics of the All Saints' Hospital, given by Frerichs in his admirable work on Diseases of the Liver.* The most frequent cause, as given here, is tubercular affections. In new-born infants with tubercular deposits fatty liver is present as a rule, and at times fatty heart and kidneys as well. In acute diseases of a general nature fatty liver reaches its highest grade. The most common cause, however, is continued debility, whether due to disease or to simple starvation. In the pale diarrhea of infants or in catarrhal diarrhea, fatty liver is frequently found.

Frerichs says, in his above-mentioned work, that when fatty liver is the result of a degeneration, the cells lose their secreting functions almost always after this retrograde development has terminated. There are many reasons for believing this to be the exception rather than the rule in those cases where it is due to acute or sub-acute diseases. In young dogs, five and six weeks old, killed by starvation, we found the liver pale and anemic. The microscope showed that the granular and coloring matter from the cells had been absorbed, leaving the nucleus sharply defined in each cell, and here and there globules of fat still remaining. The heart was pale and flabby, and showed fatty degeneration of the muscular fibers. Here there had been a fatty degeneration of the hepatic cells; nevertheless, so long as the nucleus exists, function is not destroyed. To one puppy, podophyllin, two centigrams, and elaterium, one centigram, were given daily for three days, in order to study the effects of intestinal irritation upon the liver. The puppy died on the fourth day from the toxic effects of the medicines. The liver-cells were only a trifle more granular than is usual; the hepatic cyst was distended with mucous slightly tinged with bile; the duodenum was ulcerated in its lower half, and a number of red and greatly enlarged follicles were scattered over its surface; the contents of the intestines were almost colorless; the pyramids in the kidneys were markedly congested.

The latter observation, although negative for our purpose, at least gave us a lesson as to the physiological action of the drugs administered.

It is not considered necessary to add here the diagnosis, pathological importance, and treatment of fatty liver, as all the text-books on Practice describe these fully.

In conclusion, we will say that the microscope is now recognized as being a necessity for the rational diagnosis and prognosis of a host of diseases; and the time is fast approaching when lenses will be perfected at such cheap figures that every physician will consider a microscope as necessary to his equipment as his thermometer or his test-tube, and will carry all of them in a single pocket-case.

LOUISVILLE.

*Wm. Wood & Co.'s Library edition.

TRAUMATIC PERITONITIS DURING PREGNANCY—MISCARRIAGE—RECOVERY.

BY JAMES McEVOY, M.D.

June 4th Laura B., aged twenty-four, colored, mother of two children, fell over a tub, striking the lower part of her abdomen against its rim.

June 7th: I saw her three days after the accident, when she was suffering with intense pain referred to a point about two inches above the navel, and which was greatly increased by pressure. Her temperature was 100°; pulse 115; respirations 20; tongue dry, and later in the case brown and baked, with sordes upon gums. Noted she was pregnant, and learned that she was six months advanced. Digital examination discovered the os closed, vagina hot and dry, uterus completely anteflexed. There was retention of urine and no hemorrhage. Evacuated bladder with catheter and gave one fourth grain of morphine every two hours. Fomentations to abdomen.

June 8th: Patient resting comfortably. Temperature 102°; pulse 120; respirations 28. Morphine continued, with three grains quiniæ sulph. every three hours. Also gave directions for systematic feeding with milk

and whisky, which was kept up during the continuance of the case. There was no material change in the patient during the next four days, she resting comparatively easy during this time.

June 12th: Patient seized with severe pain over abdomen, which quickly became swollen and tympanitic. Intense vomiting. Temperature 103½°; pulse 135; respirations 35. Delirium; urine retained; os undilated and no hemorrhage. Used catheter. Increased morphine to one half grain every two hours until complete narcotism was established. Continued quinine. Turpentine stupes to abdomen.

June 13th: Temperature 104°; pulse 140; respirations 40. Patient vomiting blood in large quantities. Severe pain, and tympanites increased. Bladder evacuated without catheter. Gave ergot and kino, and made attempt to pass a rectal tube. The tube was obstructed about four inches above anus by impacted feces. A mass about the size of adult fist was removed by fingers, when the tube was passed easily, drawing off a quantity of gas, to the great relief of patient.

June 15th: The hemorrhage from stomach had gradually subsided, and there was none on this day. Tympanites continues; os dilating and the membranes protruding. Fetus expelled, which lived twenty minutes. Very little uterine hemorrhage.

June 15th: Immense swelling over abdomen. Used rectal tube again without effect. Gave enemata of hot water, castor oil, and turpentine, which brought away a few small fecal concretions. During the day patient had several evacuations from her bowels, with much relief. Quinine and morphine continued, with teaspoonful doses of Parish's formula of turpentine every three or four hours.

June 17th: Patient resting, with but little pain; swelling subsiding; tympanites slight; temperature 102°; pulse 122; respirations 21. Quinine, opium, and turpentine continued in diminished quantities.

June 18th: Patient had slept well the previous night. Temperature 101; pulse 99; respiration normal; the bowels had moved twice; the tongue was cleaning; no pain. Morphine left off.

The patient continued to improve, called for food on the 19th of June, and on June 21st was sitting up, with temperature and pulse normal. I then discharged the patient, leaving a tonic of quinine and iron to aid convalescence.

As may be inferred, this case gave me a great deal of anxiety. During the two weeks in which I had it in charge I made some sixty-odd visits. I received much valuable assistance in its conduct from my friends, Drs. Galt, Orendorf, Brandeis, and Roberts, who from time to time very kindly lent me the aid not only of their counsel, but their presence. The prominent factor in recovery beyond the rest given by the opium I believe lay in the ability and willingness of the patient to take the whisky and milk which were offered to her. From first to last, and even under the most adverse nausea, she took this nourishment without complaint, and generally retained it well.

The case particularly illustrates a point well known in southern practice—the peculiar power of negro women to recover from the accidents and diseases of the parturient state.

LOUISVILLE.

ON THE DANGERS OF ERGOT AS AN OXYTOXIC.

BY A. G. BLINCOE, M. D.

[Read before the Marion County Medical Society.]

For some time past the conviction has been growing in my mind that many otherwise judicious practitioners are at fault in their manner of using ergot in labor; hence I have chosen as a title for this short paper I have the honor of reading this evening, The Dangers of Ergot as an Oxytoxic.

It is well and generally known that its action on the uterus differs from the natural labor-pains, in the fact that the contraction which it produces is continuous; and it is mainly this powerful, uniform, and persistent action of the womb that renders its use during labor dangerous to both mother and child.

If the fetus is not expelled soon after the peculiar action of ergot is set up in full force, the mother is subjected to the risk of rupture of the womb—an accident said to be of not infrequent occurrence—or to injury of the soft parts from the continuous and prolonged pressure of the fetal head, to say nothing of other bad results following its use. But the principal danger to be apprehended from the untimely employment of this drug during the first or second stage of labor is the death of the child. Aside from any noxious influence it may exert on the fetus by absorption into its system, it is generally admitted that the strong and unremitting action of the womb following the

administration of ergot will, by interfering with the utero-placental circulation, seriously endanger the life of the child in a short time, and almost certainly cause its death if sufficiently prolonged.

The editors of the Charleston Medical Journal and Review for March, 1849, say that "after its exhibition the child is invariably stillborn, unless expelled within thirty minutes after its effect begins."

Having been extremely cautious in its use myself, I have but little of my own to offer in proof of its dangers, but will here give you some facts bearing on the subject from the experience of others.

Dr. William Moore, a veteran practitioner of obstetrics of the city of New York, says that "in every case in which he has seen it exhibited the child has been stillborn, and in the greater part of them it was not possible to restore life."

Mr. F. Chavasse, of Birmingham, states that in eighteen cases in which the ergot was used the children were stillborn."

Mr. Jukes, of Birmingham, states that "out of six cases in which he used it five of the children were stillborn."

Mr. P. H. Chavasse reports nine cases in which its use was followed by the birth of stillborn children, and in all before he administered the ergot "there was every indication of the children being alive."

I could add many more facts of a like kind, and could cite the opinion of several who from their own observation variously limit the time at which a child would be at all likely to be born alive, after the action of ergot, at from thirty minutes to one or two hours.

Among the more recent obstetrical authorities at my command, Schroeder says of ergot: "By the uniform contraction of the uterus, interrupted by no pause, the diffusion of gases at the placented insertion is impeded, and thus asphyxia is produced. Besides, the uniform tension of the uterus does not materially favor either the dilatation of the soft parts or the progress of the ovum, and therefore ergot is useless for the expulsion of the child." After speaking of its dangers, he says it may be given in cases where expulsion of the child is almost completed, "but must never be given at a time when labor can not be terminated at any given moment." He considers it "a valuable remedy in the after-birth period."

Playfair says: "If from any cause the exhibition of the doses be not followed by rapid delivery, a condition is produced which is serious to the mother, and which experience has shown to be extremely perilous to the child." He thinks that in any case where ergot could be used with safety Crede's method of manual pressure could be more safely employed, on account of its so much more resembling the natural process and being so much more manageable. He says in regard to the method: "I believe it to be destined to entirely supersede the administration of ergot;" and further on, "I believe, therefore, that ergot should be chiefly used for the purpose of exciting uterine contraction after delivery, when its peculiar property of promoting tonic contraction is so valuable, and that it should rarely, if at all, be employed before the birth of the child."

With these facts in mind, you will not be unprepared to hear me say that, inasmuch as we have other resources that can be used with greater safety and as much, or even more efficacy, I think that as a rule ergot should never be given solely for the purpose of assisting or hastening delivery of the child. Certain cases of dead ovum or alarming hemorrhage might render its use admissible.

I have been accustomed to give it just a few minutes before I expected the birth of the child when I had reason to fear hemorrhage after delivery, and this I think, with rare exceptions, should be its only legitimate ante-partum use. In this capacity, and for securing contraction of the womb, thereby preventing or controlling hemorrhage during and after the third period of labor, I regard it as a most useful and reliable remedy.

The following case, the treatment and result of which in part suggested this paper, may not be uninteresting in this connection; it is simply a case of lingering labor, and presents nothing of much interest except as to the propriety of using ergot in its management: Mrs. ——, age twenty-three years, was taken in labor with her first child about 6 o'clock P. M. on the 13th of April last. I saw her next morning and found the os slightly dilated, the vertex presenting, and soft parts rigid. Her pains had been regular, and continued so until the completion of her labor. About midnight, the 14th, on account of her great suffering and slow progress, her friends had another physician called in. The head at this time was still above the brim, the os about half or two thirds dilated, and the perineum still but little relaxed. To my surprise the consulting physician, a practitioner in good

standing, of perhaps twenty years experience, proposed to give ergot. I objected, as I considered its administration at this time and under the circumstances a very hazardous procedure. As bearing on this opinion I may mention here that Ramsbotham, who is as partial to the use of ergot as any author whom I have seen, says that we should generally make exception to its use in the case of a primipara. In fact I have seen no author who I think would have advised its use at this stage. After further consultation it was agreed to leave off the chloroform which I had been administering and give half a grain of morphine, to be followed by another dose of one fourth of a grain in an hour if necessary. The other physician called again at eight o'clock the next morning, when we found the os fully dilated and the head partially descended into the pelvic canal.

Certain unfavorable symptoms now appeared to render it advisable to bring the labor to a close as soon as consistent with safety; so after further urging I consented to give ergot, with the understanding that if the child was not born soon we would use the forceps. The pains after its administration seemed to bear so much resemblance to natural labor-pains that I suffered less uneasiness on account of the child than I should have done. So we let the labor proceed until the child was expelled stillborn about noon, and all our efforts failed to revive it. I had distinctly heard the pulsations of the fetal heart a short time before giving the ergot, and am therefore easily led to the conclusion that the drug was the principal factor in causing its death.

As it is not the object of this paper to discuss the hemostatic and other useful therapeutic applications of ergot, I will simply say in conclusion that, aside from its dangers as an oxytoxic, I consider it a most valuable medicine.

LEBANON, KY.

Correspondence.

LONDON LETTER.

My Dear Cowling:

It is a week this afternoon since I reached London. My time has been occupied in finding comfortable quarters, getting an outfit of London clothes, and in delivering letters, and in calling on old friends. As you know, comfortable quarters, at a reasonable price, are difficult to find in London at this period, "the season;" and you also know that English clothes are a capital good investment for a stranger here, for as long as one is recognized as a foreigner, especially as an American, the cabmen and shopkeepers fleece him without mercy, knowing his probable ignorance of prices and his general greenness. Furthermore, you know what a letter of introduction means and what meeting old friends means—a dinner, always a dinner. Experience, gained in travel, has taught me that it is well to adopt the habits of the country you are visiting, and I fall into this dinner habit here with little difficulty. I wonder—I have always wondered—that people speak of English coldness and indifference. In the United States, and traveling abroad, and at home in England, I have ever found them the most *debonair* and thoroughbred of people. In their manners and in their hospitality they remind me of our own best people, who, by-the-way, are much alike, whether you find them in Kentucky or Connecticut, in the Carolinas or in Massachusetts.

I promised you to make some experiments and observations on sea-sickness during the voyage, and, as you no doubt expected, I failed to do so. The fact is that when I was sick, which was only a few days, I was too sick to try any thing, fearing it might make me worse, and when I was well I didn't need any thing. The passengers relied on the ship's doctor for aid, and as his income is chiefly from the alms of his patients, I could not think of volunteering my services. The pay of the ship's doctor is only forty dollars a month, and he relies upon the generosity of the passengers to swell his purse. It is a bad system, that of the steamships, charging passengers so much for a berth, giving the doctor and steward and stewardess and servants poor wages, and having them look to the passengers for presents, in the way of sovereigns or half sovereigns, to make up their pay.

Tilbury Fox is dead. Poor fellow! He was only in his forty-third year. About forty and about fifty seem dangerous periods for doctors who work with their brains. The mere mercenary, the tradesman of the profession, does not die early. With him the practice of his profession is no more exciting or wearing than the life of a milk-cart driver. Reading little, writing less, and thinking none; devoid of ambition, and intent only on getting business, there is nothing to wear him out. I knew Fox

well — I may say intimately. He was a splendid Englishman. Learned, polished, gentle, full of ambition and courage and generosity, and all those qualities that go to make the perfect man. His loss will be keenly felt by all who knew him professionally or socially, personally or through his contributions to medicine. For more than a year he has had poor health, and was in Paris on that account when his death occurred, suddenly and unexpectedly, a few days ago. He had suffered much from rheumatism, and it is probable that heart-disease carried him off. My first news of his death was gained at his front door. I called to renew the pleasant friendship formed with him a dozen years ago, and which has been kept up by letters since. When I presented my card and asked if he were in, the sad-faced servant, whose eyes were red with weeping, said: "O, sir, Dr. Tilbury Fox is dead. We've just had the news from Paris that he had died suddenly."

It is singular how busy death has been among my friends in London since I was here before. First, Francis Anstie, the noble and the lovable, died in the harness, aged about forty. Next Sir Charles Lyell, who was my father's friend, and who was very kind to me, passed away. Then Victor De Meric, a Frenchman, resident in London many years, and possessing the best qualities of his own and of his adopted countrymen, died under fifty. And then two friends in private life, to whom I was indebted for many courtesies, went down.

It has rained in London every day for a month, and the prospect for a change is not yet good. At an early day I hope to give you something medical; but as you see all the British journals weekly, and they publish all the medical news, I do not know what I shall find to write about.

Yours sincerely,

L. P. YANDELL.

SAVILE CLUB, LONDON, June 10, 1879.

To the Editors of the Louisville Medical News:

In the NEWS of June 7th there appeared some worthy lines, entitled "Nature's Anesthetic. In compliance with the wish of the writer of the article, I, as a sufferer also of *dental neuralgia* (strange coincidence!), tried his remedy, and now "report results." Not wishing to chop off my head, as the above-named writer was tempted to do, and reserving chloroform as a last resort, I resolved to try this self-manufactured anesthetic. I inspired all the air I possibly could, and after a while, fearing to deprive the immediate neighborhood of air, I ceased and commenced to blow. After getting as red in the face as an angry turkey-cock, and exceedingly dizzy, I stopped. The confounded pain, however, did not stop. Neither did I experience any of that delightful tickling sensation about my gums; but, on the contrary, the pain became worse, on account of the draughts of air, and I was now suffering as if I were not only "doubly," but quadruply, damned. Nevertheless, I tried it again—no results. Again—no go. Getting mad at the adviser of such a remedy, and wishing he had yielded to the temptation of chopping off his head, I used the chloroform, and in a few minutes was again ready graciously to forgive and to bless the writer of "Nature's Anesthesia."

P. K.

Pharmaceutical.

HOSPITAL QUININE.—The high price of sulphate of quinine has brought the other alkaloids of cinchona-bark into more extended use, especially the sulphate of cinchonidia. The result of the Madras experiments and their own experience have caused many practitioners to claim equal therapeutical value for quinine and cinchonidia, even when given in the same dose. It is also claimed that the separation of these two salts, and especially the bleaching or repeated crystallization of quinine, injures its medicinal value. For this reason Messrs. McKesson & Robbins offer "Hospital Quinine," an article which has been used for many years in some of our public institutions and large hospitals.

Messrs. McKesson & Robbins prepare this article, when manufacturing sulphate of quinine, by crystallizing from the mother waters before the process of bleaching, always testing the same and bringing the standard up to fully fifty per cent of sulphate quinia, the balance being sulphate cinchonidia and sulphate quinidia. As the cinchona is of less value, it is separated.

This salt is a more natural presentation of the virtues of the cinchona-bark, is more soluble than the sulphate of quinine, is not injured by the bleaching process, and will produce better results in similar doses. The price is much lower. McKesson & Robbins

offer pills of the hospital quinine of one fourth, one half, one, two, three, four, and five grains, also the salt itself.

THE attention of the profession is called to the Elixir of Calisaya and Phosphates prepared by Mr. John Colgan, of this city. Its taste is as pleasant and it has all the efficacy of the foreign elixir of same name which is having a run as a superior tonic and alterative.

Miscellany.

METALLOTHERAPY.—The marvels of metallotherapy will never cease. Dr. Dupuy relates, in a recent number of the *Gazette Obstétricale*, a case of retention of urine, in which he made a successful application of metallotherapy. The case was that of a hysterical woman, aged forty, who had been treated for several years for permanent and painful spasm of the neck of the bladder, accompanied by a little metritis and accentuated hyperesthesia of the left ovary. For the last year she had retention of urine, which necessitated a five months' daily catheterization. She at last was relieved of this by antispasmodic treatment and by the employment of suppositories of belladonna. The cure was continuous until the month of last November; then retention reappeared, more painful and more persistent than before. The introduction of the sound provoked a spasm of the muscles of the urethra, and immediately awoke in the patient a sensation of heat and violent pain, frequently provoking an attack of convulsion with loss of consciousness. The patient had arrived at such a point as to have so much horror of the catheterization as not to drink, and to endure the torture of thirst for two or three days at a time in order to put off the moment when the use of the sound would become indispensable. Things were at this pass when, after having exhausted all the series of antispasmodics, M. Dupuy had the idea of having recourse to metallotherapy in order to discover the metal suitable to the patient, who was at this time suffering from convulsive spasms of the limbs. He ascertained that gold, when applied to the skin, increased the convulsions, while other metals, such as copper, steel, and silver, made them disappear immediately. M. Dupuy then applied over the vesical region and round the upper part of the thighs the metallic bracelets of Dr. Burq, and an hour afterward the patient passed urine abundantly and without pain. From that moment the catheter was no longer called for; when the urine did not pass, the armatures were applied, and micturition occurred naturally, although sometimes with pain. The ovarian hyperesthesia had also disappeared, and the patient could swallow more easily, thanks always to the metallic bracelets.—*British Medical Journal.*

THE INDIAN CHINCHONA PLANTATIONS.—The plantations in Bengal are situated, the older portion at Rungbee, Rishap, and Mungpool, in the valley of the Runjo; and the newer on the Sittong spur and the adjoining valley of the Ryang. It appears that the plantations have been increased in area. The crop from the older portion during the past year was 344,225 pounds of the dry bark; the Sittong plantation is too young to yield a crop. The bark was confined to the red (*Chinchona succirubra*) and gray species. The propagation of the most valuable species, the yellow-bark tree (*Chinchona calisaya*), has been slow, owing to the difficulty of raising the best variety by seed. A number of trees of a hybrid variety, yielding excellent bark, have been planted out. The harvest of bark during the past year was 344,225 pounds, against 207,781 pounds in 1876–77 and 211,391 in 1875–6. The process of harvesting chiefly employed is that of uprooting, by which 176,625 pounds of red bark were taken in the year under review; and by coppicing, 67,161 pounds; and thinning, 97,274 pounds.

STATISTICS OF UTERINE FIBROID TUMOR.—Dr. Orum, in Howitz's *Gynäkol. Meddelelser*, says that fibromata of the uterus have been found in 53 out of 1002 bodies of females examined post mortem in the Communal Hospital of Copenhagen. The state of the uterus was noted in all the cases. No fibromata were found before the tenth year. In women above twenty years of age they were found in 7.75 per cent, and in women above forty in 9.5 per cent. The tumors were in 28 cases single, in 9 double, and in 16 cases there were several in the same individual. In more than half the cases (28) they were small—as large as a nut. In 19 cases they were interstitial, in 13 subserous, in 5 submucous, and in 8 various forms were found. Fibrocystic degeneration was present in one case. In one case the fibroma gave rise to fatal peritonitis.—*British Medical Journal.*

OUTDOOR MATERNITY CHARITIES, the establishment and support of which offer the most advantageous employment to thousands of women who are clamoring for useful work, might be made powerful engines for the promotion of public health and sanitary progress. Not only may a maternity charity save a large proportion of lives and suffering due to the neglect and mistreatment of women in their hour of need, but, properly directed, may exercise a powerful influence in reducing the excessive rate of infant mortality due to the mismanagement of infants. General puerperal and infant mortality are more intimately connected with the case of outdoor maternity charities *versus* lying-in hospitals than is perhaps commonly admitted.—*London Lancet.*

ANESTHESIA IN OVARIOTOMY.—In October, 1846, sulphuric ether, or letheon, as then called, was first employed as a pain destroyer in a surgical operation by Dr. Warren, of Boston. Only one operation of ovariotomy in this country was performed during this year, which was by Dr. John L. Atlee, before the date above given. In 1847 Dr. Robert Thompson performed the only operation for that year; but no mention is made of the fact that letheon was employed. Both operations unsuccessful. In November, 1847, Prof. Simpson, of Edinburgh, employed for the first time chloroform as an anesthetic. On March 15, 1848, Dr. Clay, of Manchester, Eng., performed his first ovariotomy under the influence of chloroform; successful. On March 21st, six days afterward, Mr. H. G. Potter, of Newcastle, performed a similar operation under the influence of chloroform; unsuccessful. On April 6th, sixteen days later, Dr. Henry Miller, of Louisville, Ky., performed in that city ovariotomy under the influence of chloroform, upon a woman from the state of Indiana; successful—second case in the world under anesthesia. During this year there were three other ovariotomies performed in this country, though they were after Dr. Miller's. Only one of the three successful.

Kentucky, therefore, in weaving her chaplet of laurels from the justly great operation inaugurated by the bold and fearless hand of McDowell, might have added to it also the name of Prof. Henry Miller, who, to say the least of him, was among the ablest contributors to the revival of the operation, and as such his memory is deserving of the highest recognition. The teachings of this able and good man still have a strong hold on the affections of his numerous pupils scattered throughout our broad country; and, as one of the number, I insist upon his claim to originality and superior judgment, as being the first to employ in his own country anesthesia in the operation of ovariotomy.

The writer, at the time of Prof. Miller's operation, was a private pupil of Dr. Gross, and had been in the habit, almost daily, of administering for him chloroform in his operations, and it was from this circumstance that Prof. Miller invited him to give the anesthetic to the patient in question, to which incident in the American history of ovariotomy he refers here with no little pride.—*Nathan Bozeman, in N. Y. Medical Record.*

SEASONABLE.—Prompt renewals of subscriptions are in order.—*Cincinnati Lancet and Clinic.*

Selections.

Treatment of Epilepsy.—A. McLane Hamilton, M. D., in the New York Medical Record, says:

I would recommend, in the first place, a most careful observance of those hygienic rules which are of so much importance, and influence to such an extent the progress of all the neuroses; and, in the second place, would suggest the use of two or three remedies which seem to possess great virtue in this disease.

The bromides have received deserved popularity, and if used within proper limits, and in combination, will sometimes cure cases of moderate duration, especially if the case is uncomplicated and is not the result of traumatism.

I am in favor of combining bromide of sodium with bromide of ammonium, equal parts of each, and of administering sixty grains of the combined salts together with thirty grains of hydrate of chloral daily. The doses should be divided so that the largest may be given a short time before the fit is likely to occur; that is, if any regularity in the occurrence of the convulsions can be distinguished. Of course this quantity may be increased if occasion requires. In other cases the bromides given in combination with bicarbonate of potash and some simple bitter tonic, as recommended by Brown-Séquard, will produce wonderful results. These remedies are especially serviceable in the nocturnal forms of the disease, and, in fact, are to be commended in the treatment of attacks of an irregular character.

I will caution you against giving the bromides with the mere idea of exhausting, as it were, or stamping out the disease. It is of the utmost importance to combine with them cod-liver oil or some other fat-making material which improves the nutrition of the nervous substance. It has been my good fortune in many instances, where the bromides have been given in excessive doses (even to the point of producing full bromism, and yet without producing any

apparent effect upon the disease), not only to materially diminish the number of seizures by reducing the quantity of bromides administered—and giving cod-liver oil, cream, extract of malt, or linseed oil—but to decidedly improve the general health of the patient.

Should the cases, in which we have satisfied ourselves that there is no exciting cause to be removed, resist this plan of treatment, we may resort to the use of the actual cautery, or apply repeated blisters to the back of the neck. But in many cases even these remedies do but temporary good, and the result of our treatment must be discouraging.

From recent trials it would seem that curare is indicated in these obstinate cases, and a standard solution, acidulated with dilute hydrochloric acid, may be hypodermically injected every fifth day in doses of one third of a grain until five or six doses are given. In the lighter forms of the disease the use of the fluid extract of ergot in dram doses, three times a day, alternated with tincture of belladonna in five-drop doses and gradually increased in quantity, afford very satisfactory results when the bromides are apparently inert.

Cannabis indica has also been recommended and successfully used by Sinkler, of Philadelphia.

If the disease has appeared in a patient over twenty years of age, especially when the characteristics of the disease are such as I have described when speaking of syphilis as a cause, we may use the combined iodide and bromide treatment, or, better still, the bichloride of mercury. One secret of success in the management of this form of the disease, and, in fact, nervous syphilis in general, is to push the administration of the iodides as far as we can safely go, and this must be done rapidly. Whatever you do in the treatment of this discouraging affection, be consistent and methodical. It is extremely injudicious to make changes and try new combinations when the patients are doing apparently well, or even some time when no change follows, or to relax your vigilance over the invalid's personal habits. For epilepsy is essentially a disease, as I believe, in which there is a habit, if it may be so called. In many cases, in fact in a large proportion of all, there is a regular recurrence of the fit; and every day gained after the time when the attack usually occurs is to the patient's advantage, and helps to break up the tendency to regularity.

Treatment of Obstinate Vomiting by Small Doses of Iodide of Potassium.—Having noticed in the Record of March 15th, under the above heading, an article taken from a statement made by Dr. Fornica Corsi in the "Gazette Obstetricale," and having a patient suffering from obstinate and intractable vomiting arising from spinal inflammation, and having exhausted all the remedies ordinarily employed as anti-emetics, without the least amelioration in the symptoms, I determined to try the iodide in the minute doses recommended by Dr. Corsi. The vomiting had occurred immediately after taking food of any description, quantity and quality making no apparent difference. Vomiting occurred with very little effort, nausea persisting for only a short time after the contents of the stomach had been entirely rejected. This state of things had existed for at least two months, in which time she had retained only an occasional mouthful of food. After the use of injections of beef tea and egg for several days, during which time nothing but a little drink was allowed by the stomach, one or two meals were retained, but the vomiting commenced again, and continued up to the time of the administration of the iodide. I gave it in solution, in doses of $\frac{1}{10}$ grain; repeated every hour and a half; and since then—now fourteen days—she has retained every thing she has taken, excepting one or two meals, when she had omitted the drug for a few doses, at my request, as a test.—*George Huntington, M. D., in Medical Record.*

The Treatment of Indolent Ulcers by Means of Sheet Lead.—A good deal of attention has been attracted during the past year to the American treatment of indolent ulcers by means of Dr. Martin's India-rubber bandages, and the reports received on all sides as to the value of this method are eminently satisfactory. I would, however, urgently request that a trial be given to the system which I was in the habit of adopting in all such cases at St. Bartholomew's Hospital, Chatham, some thirteen years ago, viz. the application of sheet lead, molded to the shape of the leg and kept on by an ordinary calico bandage. The size of the lead should be sufficient to cover the ulcer completely and lap it a little over the whole skin; the edges and angles should be well rounded, so as not to chafe or irritate; it should be about an eighth of an inch in thickness, and molded very accurately to the shape of the leg, so as to allow of no indent being apparent on the surface. After it has been carefully fitted, the leg should be bandaged from the toes upward, and all that then need to be done is to uncover the ulcer night and morning and allow some water from a sponge to trickle over it. The granulations should never be touched with the sponge itself. I believe that the rationale of this treatment is pressure, the same as in the case of the elastic bandage, though there may be also some action produced by the secretions upon the lead, as is said to take place when the lead nipple-shields are used. The great advantages of the system proposed are simplicity and cheapness, though, as regards the former, I think it must yield the palm to the elastic bandage. It would appear that in some parts of Africa the natives use sheet copper, and with some success, but I can not say I have ever tried it myself. —*F. P. Atkinson, M. D., in London Practitioner.*

Poisoning by Iodoform.—Not much is at present known of the toxic effects of iodoform, and considerable interest therefore attaches to two cases which have been published by Oberlander. The maximum dose given was ·8 gram daily in a pill. The symptoms of poisoning occurred in one case (a woman twenty-six years of age) after forty-two grams of iodoform had been taken in eighty days; in the other case (a woman sixty-nine years of age) after five grams had been taken in the course of seven days. The symptoms produced were giddiness, vomiting, and deep sleep, from which the patient could be roused with difficulty. This somnolence was interrupted by periods of excitement, each lasting several hours, and was followed by delirium, intense headacde, sense of impending death, spasmodic contractions of the facial muscles, and, in the case of the younger patient, diplopia. The functions of the other sensory organs were not disturbed, and the pupils presented a normal reaction. Deep inspirations alternated with apnea of about a minute's duration. After five or six days the toxic symptoms gradually lessened and passed away.—*London Lancet.*